

FILED JAN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 44360

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4266 Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u>		c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ETHEL ARNOLD</u>		b. (Middle) <u>VANCE</u>	
c. (Last)		4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec. 31, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 28, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Wellington</u>	
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Crosby Goodloe</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Mitchel</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Vance</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Vance</u>		ADDRESS <u>Wellington</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 31, 1950</u> , to <u>Dec. 31, 1950</u> , that I last saw the deceased alive on <u>Dec. 31, 1950</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edith H. Humber</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Wellington, Mo.</u>	
23c. DATE SIGNED <u>1-2-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Sheppard</u>	
ADDRESS <u>Wellington, Mo.</u>					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-21

MAY 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed

J. Clair Sheppard

Signed _____
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.